

DEMOGRAPHIC AND HEALTH SURVEYS  
 OUT-OF-POCKET HEALTH EXPENDITURES MODULE  
 MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

| IDENTIFICATION (1)   |  |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|-------------------------|--|--|--------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PLACE NAME   |  |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF HOUSEHOLD HEAD   |  |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CLUSTER NUMBER   | <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| HOUSEHOLD NUMBER   | <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)   |  |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INTERVIEWER VISITS   |  |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1  | 2                       | 3  | FINAL VISIT  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE   | _____  | _____                   | _____  | DAY <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table><br>MONTH <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table><br>YEAR <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table><br>INT. NO. <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table><br>RESULT* <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td></tr> </table> |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| INTERVIEWER'S NAME   | _____  | _____                   | _____  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RESULT*  | _____  | _____                   | _____  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NEXT VISIT: DATE   | _____  | _____                   |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TIME   | _____  | _____                   |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |                         |  | TOTAL NUMBER OF VISITS <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td></tr> </table>  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *RESULT CODES:<br>1 COMPLETED<br>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT<br>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME<br>4 POSTPONED<br>5 REFUSED<br>6 DWELLING VACANT OR ADDRESS NOT A DWELLING<br>7 DWELLING DESTROYED<br>8 DWELLING NOT FOUND<br>9 OTHER _____<br>(SPECIFY) |  |                         |  | TOTAL PERSONS IN HOUSEHOLD <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> </table><br><br>TOTAL ELIGIBLE WOMEN <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> </table><br><br>TOTAL ELIGIBLE MEN <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> </table><br><br>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> </table>  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |                         |  |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LANGUAGE OF QUESTIONNAIRE**  | <b>0 1</b>   | LANGUAGE OF INTERVIEW** | <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> </table>        |  |        | NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td><td></td></tr> </table> TRANSLATOR (YES = 1, NO = 2) <table border="1" style="float: right; margin-right: 10px;"> <tr><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| LANGUAGE OF QUESTIONNAIRE**  | <b>ENGLISH</b>   |                         | **LANGUAGE CODES:<br>01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5<br>02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6 |  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUPERVISOR   |  | FIELD EDITOR            |  | OFFICE EDITOR  |        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME   | NUMBER   | NAME                    | NUMBER   | NAME   | NUMBER |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(1) This section should be adapted for country-specific survey design.

Note: Brackets [ ] indicate items that should be adapted on a country-specific basis.

COLUMNS TO ADD TO HOUSEHOLD SCHEDULE:

| INPATIENT   |  | OUTPATIENT  |   |   |
|---|--|---|---|---|
| 21  | 22   | 23  | 24  | 25  |
| In the last six months, was (NAME) admitted overnight to stay at a health facility? | CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR IN-PATIENT MODULE.<br><br>CHECK COLUMN 21: CODE '1' 'YES' CIRCLED. | In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight at a health facility? | The last time (NAME) received care, was any money paid? | CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUT-PATIENT MODULE.<br><br>CHECK COLUMN 24: CODE '1' 'YES' CIRCLED. |
| Y N DK<br>1 2 <u>8</u><br>GO TO 23  | 01   | Y N DK<br>1 2 <u>8</u><br>NEXT LINE   | Y N DK<br>1 2 <u>8</u><br>NEXT LINE                     | 01  |
| 1 2 <u>8</u><br>GO TO 23  | 02   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 02  |
| 1 2 <u>8</u><br>GO TO 23  | 03   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 03  |
| 1 2 <u>8</u><br>GO TO 23  | 04   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 04  |
| 1 2 <u>8</u><br>GO TO 23  | 05   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 05  |
| 1 2 <u>8</u><br>GO TO 23  | 06   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 06  |
| 1 2 <u>8</u><br>GO TO 23  | 07   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 07  |
| 1 2 <u>8</u><br>GO TO 23  | 08   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 08  |
| 1 2 <u>8</u><br>GO TO 23  | 09   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 09  |
| 1 2 <u>8</u><br>GO TO 23  | 10   | 1 2 <u>8</u><br>NEXT LINE   | 1 2 <u>8</u><br>NEXT LINE                               | 10  |

INPATIENT HEALTH EXPENDITURES

| NO.        | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|------------|--|--|-------|
| 201        | CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE:<br><br>ONE OR MORE INPATIENTS <input type="checkbox"/> NO INPATIENTS <input type="checkbox"/>   |  | 301   |
| 202        | Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months.   |  |       |
| 203        | CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE NAME FROM COLUMN 2 AND LINE NUMBER FROM COLUMN 1 OF ALL HOUSEHOLD MEMBERS WHO WERE INPATIENTS, STARTING WITH THE FIRST ONE.<br><br>INPATIENT NAME _____ LINE NUMBER ..... <input type="checkbox"/> <input type="checkbox"/> |  |       |
| 204<br>(1) | Where did (NAME) most recently stay overnight for health care?   | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVERNMENT HEALTH CENTER ..... 12<br>GOVERNMENT HEALTH POST ..... 13<br>OTHER PUBLIC SECTOR ..... 16<br>(SPECIFY)                        |       |
|            |  | <b>PRIVATE MEDICAL SECTOR</b><br>PRIVATE HOSPITAL ..... 21<br>PRIVATE CLINIC ..... 22<br>OTHER PRIVATE MEDICAL SECTOR ..... 26<br>(SPECIFY)  |       |
|            |  | <b>NGO MEDICAL SECTOR</b><br>NGO HOSPITAL ..... 31<br>NGO CLINIC ..... 32<br>OTHER NGO MEDICAL SECTOR ..... 36<br>(SPECIFY)  |       |
|            |  | OTHER ..... 96<br>(SPECIFY)  |       |
| 205        | What was the main reason for (NAME) to seek care this most recent time?  | PREGNANCY/DELIVERY ..... 01<br>ILLNESS ..... 02<br>ACCIDENT/INJURY ..... 03<br>OTHER ..... 06<br>(SPECIFY)   |       |
|            |  | DON'T KNOW ..... 08  |       |
| 206        | During the most recent overnight stay, did (NAME) have surgery?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |       |
| 207        | How much money was spent on treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.   | COST ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>NO COST/FREE ..... 00000<br>IN KIND ONLY ..... 99995<br>DON'T KNOW ..... 99998 |       |
| 208        | Did (NAME) stay overnight at a health facility another time in the last six months?  | YES ..... 1<br>NO ..... 2  | → 220 |

INPATIENT HEALTH EXPENDITURES

| NO.        |   | CODING CATEGORIES   | SKIP   |
|------------|---|---|--|
|            | INPATIENT NAME _____  | LINE NUMBER .....   | <table border="1" style="float: right; width: 20px; height: 20px; border-collapse: collapse;"></table> |
| 209<br>(1) | Where did (NAME) stay the next-to-last time (he/she) stayed overnight for health care?  | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVERNMENT HEALTH CENTER ..... 12<br>GOVERNMENT HEALTH POST ..... 13<br>OTHER PUBLIC<br>SECTOR ..... 16<br>(SPECIFY)<br><br><b>PRIVATE MEDICAL SECTOR</b><br>PRIVATE HOSPITAL ..... 21<br>PRIVATE CLINIC ..... 22<br>OTHER PRIVATE MEDICAL<br>SECTOR ..... 26<br>(SPECIFY)<br><br><b>NGO MEDICAL SECTOR</b><br>NGO HOSPITAL ..... 31<br>NGO CLINIC ..... 32<br>OTHER NGO MEDICAL<br>SECTOR ..... 36<br>(SPECIFY)<br><br>OTHER ..... 96<br>(SPECIFY) |  |
| 210        | What was the main reason for (NAME) to seek care this next-to-last time?  | PREGNANCY/DELIVERY ..... 01<br>ILLNESS ..... 02<br>ACCIDENT/INJURY ..... 03<br>OTHER ..... 06<br>(SPECIFY)<br><br>DON'T KNOW ..... 08   |  |
| 211        | During the next-to-last overnight stay, did (NAME) have surgery?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |  |
| 212        | How much money was spent on treatment and services (NAME) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items. | COST ..... <table border="1" style="display: inline-table; vertical-align: middle; width: 100px; height: 20px; border-collapse: collapse;"></table><br>NO COST/FREE ..... 00000<br>IN KIND ONLY ..... 99995<br>DON'T KNOW ..... 99998   |  |
| 213        | Besides the two stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?   | YES ..... 1<br>NO ..... 2   | → 220  |
| 214<br>(1) | Where did (NAME) stay the second-to-last time (he/she) stayed overnight for health care?  | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVERNMENT HEALTH CENTER ..... 12<br>GOVERNMENT HEALTH POST ..... 13<br>OTHER PUBLIC<br>SECTOR ..... 16<br>(SPECIFY)<br><br><b>PRIVATE MEDICAL SECTOR</b><br>PRIVATE HOSPITAL ..... 21<br>PRIVATE CLINIC ..... 22<br>OTHER PRIVATE MEDICAL<br>SECTOR ..... 26<br>(SPECIFY)<br><br><b>NGO MEDICAL SECTOR</b><br>NGO HOSPITAL ..... 31<br>NGO CLINIC ..... 32<br>OTHER NGO MEDICAL<br>SECTOR ..... 36<br>(SPECIFY)<br><br>OTHER ..... 96<br>(SPECIFY) |  |

INPATIENT HEALTH EXPENDITURES

| NO.        |   | CODING CATEGORIES   | SKIP  |
|------------|---|---|---|
|            | INPATIENT NAME _____  | LINE NUMBER .....   | <input type="checkbox"/> <input type="checkbox"/> |
| 215        | What was the main reason for (NAME) to seek care this second-to-last time?  | PREGNANCY/DELIVERY ..... 01<br>ILLNESS ..... 02<br>ACCIDENT/INJURY ..... 03<br>OTHER ..... 06<br>(SPECIFY)  |   |
|            |   | DON'T KNOW ..... 08   |   |
| 216        | During the second-to-last overnight stay, did (NAME) have surgery?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |   |
| 217        | How much money was spent on treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items. | COST ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>NO COST/FREE ..... 00000<br>IN KIND ONLY ..... 99995<br>DON'T KNOW ..... 99998                   |   |
| 218        | Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?   | YES ..... 1<br>NO ..... 2   | → 220   |
| 219        | In total, how many times did (NAME) stay overnight in a health facility in the last six months?   | NUMBER OF INPATIENT VISITS .....  | <input type="checkbox"/> <input type="checkbox"/> |
|            |   | DON'T KNOW ..... 98   |   |
| 220        | Is (NAME) covered by any health insurance?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | → 222   |
| 221<br>(2) | What is (NAME)'s main type of health insurance?   | MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... 1<br>HEALTH INSURANCE THROUGH EMPLOYER ..... 2<br>SOCIAL SECURITY ..... 3<br>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... 4<br>OTHER ..... 6<br>(SPECIFY) |   |
|            |   | DON'T KNOW ..... 8  |   |
| 222        | CHECK COLUMN 22 IN THE HOUSEHOLD SCHEDULE: ANY MORE INPATIENTS?<br><br>MORE INPATIENTS <input type="checkbox"/><br><br>(GO TO 203 FOR ←<br>NEXT INPATIENT)  | NO MORE INPATIENTS <input type="checkbox"/>   | → 301   |

**SELECTION FOR OUTPATIENT HEALTH EXPENDITURES (PAPER OPTION)<sup>3</sup>**

301 CHECK COLUMN 25 IN HOUSEHOLD SCHEDULE:

ONE OR MORE ELIGIBLE  NO ELIGIBLE   
OUTPATIENTS OUTPATIENTS → 311

**TABLE FOR SELECTION OF OUTPATIENT WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS**

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 25) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 25 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT BELOW THE TABLE IN 302.

**EXAMPLE:** THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 25 SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN 302.

| LAST DIGIT<br>OF THE<br>HOUSE-<br>HOLD<br>QUESTION-<br>NAIRE<br>SERIAL<br>NUMBER | TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 25 |   |   |   |   |   |   |   |
|--|--|---|---|---|---|---|---|---|
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 0  | 1  | 2 | 2 | 4 | 3 | 6 | 5 | 4 |
| 1  | 1  | 1 | 3 | 1 | 4 | 1 | 6 | 5 |
| 2  | 1  | 2 | 1 | 2 | 5 | 2 | 7 | 6 |
| 3  | 1  | 1 | 2 | 3 | 1 | 3 | 1 | 7 |
| 4  | 1  | 2 | 3 | 4 | 2 | 4 | 2 | 8 |
| 5  | 1  | 1 | 1 | 1 | 3 | 5 | 3 | 1 |
| 6  | 1  | 2 | 2 | 2 | 4 | 6 | 4 | 2 |
| 7  | 1  | 1 | 3 | 3 | 5 | 1 | 5 | 3 |
| 8  | 1  | 2 | 1 | 4 | 1 | 2 | 6 | 4 |
| 9  | 1  | 1 | 2 | 1 | 2 | 3 | 7 | 5 |

302 NAME OF SELECTED OUTPATIENT \_\_\_\_\_ HH LINE NUMBER OF SELECTED OUTPATIENT

OUTPATIENT HEALTH EXPENDITURES

| NO.                                | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                           |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
|------------------------------------|---|---|--------------------------------|----------------------|--------------------------------|----------------------|------------------------------|----|---------------------|----|-----------------------|----|---------------------------|----|--------------------------------|----|------------------------|----|----------------------|----|----------------|----|----------------------|----|---------------------|----|-----------------------|----|------------------------------------|----|-----------|--|--------------------|----|------------------|----|--------------------------------|----|-----------|--|------------|----|--------------------------------|----|-------------|----|-----------|--|--|
| 303<br>(1)                         | Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight? | <p><b>PUBLIC SECTOR</b></p> <table> <tr><td>GOVERNMENT HOSPITAL .....</td><td>11</td></tr> <tr><td>GOVERNMENT HEALTH CENTER .....</td><td>12</td></tr> <tr><td>GOVERNMENT HEALTH POST .....</td><td>13</td></tr> <tr><td>MOBILE CLINIC .....</td><td>14</td></tr> <tr><td>FIELDWORKER/CHW .....</td><td>15</td></tr> <tr><td>OTHER PUBLIC SECTOR .....</td><td>16</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </table> <p><b>PRIVATE MEDICAL SECTOR</b></p> <table> <tr><td>PRIVATE HOSPITAL .....</td><td>21</td></tr> <tr><td>PRIVATE CLINIC .....</td><td>22</td></tr> <tr><td>PHARMACY .....</td><td>23</td></tr> <tr><td>PRIVATE DOCTOR .....</td><td>24</td></tr> <tr><td>MOBILE CLINIC .....</td><td>25</td></tr> <tr><td>FIELDWORKER/CHW .....</td><td>26</td></tr> <tr><td>OTHER PRIVATE MEDICAL SECTOR .....</td><td>27</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </table> <p><b>NGO MEDICAL SECTOR</b></p> <table> <tr><td>NGO HOSPITAL .....</td><td>31</td></tr> <tr><td>NGO CLINIC .....</td><td>32</td></tr> <tr><td>OTHER NGO MEDICAL SECTOR .....</td><td>36</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </table> <p><b>OTHER SOURCE</b></p> <table> <tr><td>SHOP .....</td><td>41</td></tr> <tr><td>TRADITIONAL PRACTITIONER .....</td><td>42</td></tr> <tr><td>OTHER .....</td><td>46</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </table> | GOVERNMENT HOSPITAL .....      | 11                   | GOVERNMENT HEALTH CENTER ..... | 12                   | GOVERNMENT HEALTH POST ..... | 13 | MOBILE CLINIC ..... | 14 | FIELDWORKER/CHW ..... | 15 | OTHER PUBLIC SECTOR ..... | 16 | (SPECIFY)                      |    | PRIVATE HOSPITAL ..... | 21 | PRIVATE CLINIC ..... | 22 | PHARMACY ..... | 23 | PRIVATE DOCTOR ..... | 24 | MOBILE CLINIC ..... | 25 | FIELDWORKER/CHW ..... | 26 | OTHER PRIVATE MEDICAL SECTOR ..... | 27 | (SPECIFY) |  | NGO HOSPITAL ..... | 31 | NGO CLINIC ..... | 32 | OTHER NGO MEDICAL SECTOR ..... | 36 | (SPECIFY) |  | SHOP ..... | 41 | TRADITIONAL PRACTITIONER ..... | 42 | OTHER ..... | 46 | (SPECIFY) |  |  |
| GOVERNMENT HOSPITAL .....          | 11  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| GOVERNMENT HEALTH CENTER .....     | 12  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| GOVERNMENT HEALTH POST .....       | 13  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| MOBILE CLINIC .....                | 14  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| FIELDWORKER/CHW .....              | 15  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| OTHER PUBLIC SECTOR .....          | 16  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| (SPECIFY)                          |   |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| PRIVATE HOSPITAL .....             | 21  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| PRIVATE CLINIC .....               | 22  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| PHARMACY .....                     | 23  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| PRIVATE DOCTOR .....               | 24  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| MOBILE CLINIC .....                | 25  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| FIELDWORKER/CHW .....              | 26  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| OTHER PRIVATE MEDICAL SECTOR ..... | 27  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| (SPECIFY)                          |   |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| NGO HOSPITAL .....                 | 31  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| NGO CLINIC .....                   | 32  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| OTHER NGO MEDICAL SECTOR .....     | 36  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| (SPECIFY)                          |   |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| SHOP .....                         | 41  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| TRADITIONAL PRACTITIONER .....     | 42  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| OTHER .....                        | 46  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| (SPECIFY)                          |   |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| 304                                | How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.                  | <p>COST .....</p> <table> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> <p>NO COST/FREE .....</p> <p>IN KIND ONLY .....</p> <p>DON'T KNOW .....</p>   | <input type="text"/>           | <input type="text"/> | <input type="text"/>           | <input type="text"/> | <input type="text"/>         |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| <input type="text"/>               | <input type="text"/>  | <input type="text"/>  | <input type="text"/>           | <input type="text"/> |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| 305                                | What was the main reason for (NAME) to seek care this most recent time?   | <p>FAMILY PLANNING .....</p> <p>ANTENATAL CARE/DELIVERY</p> <table> <tr><td>POSTNATAL CARE .....</td><td>02</td></tr> <tr><td>MALARIA .....</td><td>03</td></tr> <tr><td>FEVER .....</td><td>04</td></tr> <tr><td>DIARRHEA .....</td><td>05</td></tr> <tr><td>HIV/AIDS/STD .....</td><td>06</td></tr> <tr><td>OTHER ILLNESS .....</td><td>07</td></tr> <tr><td>CHECK-UP/PREVENTIVE CARE .....</td><td>08</td></tr> <tr><td>ACCIDENT/INJURY .....</td><td>09</td></tr> <tr><td>VACCINATION .....</td><td>10</td></tr> </table> <p>OTHER .....</p> <p>96 (SPECIFY)</p>  | POSTNATAL CARE .....           | 02                   | MALARIA .....                  | 03                   | FEVER .....                  | 04 | DIARRHEA .....      | 05 | HIV/AIDS/STD .....    | 06 | OTHER ILLNESS .....       | 07 | CHECK-UP/PREVENTIVE CARE ..... | 08 | ACCIDENT/INJURY .....  | 09 | VACCINATION .....    | 10 |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| POSTNATAL CARE .....               | 02  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| MALARIA .....                      | 03  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| FEVER .....                        | 04  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| DIARRHEA .....                     | 05  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| HIV/AIDS/STD .....                 | 06  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| OTHER ILLNESS .....                | 07  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| CHECK-UP/PREVENTIVE CARE .....     | 08  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| ACCIDENT/INJURY .....              | 09  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| VACCINATION .....                  | 10  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| 306                                | Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?   | <p>YES .....</p> <p>NO .....</p>  | <p>1</p> <p>2</p> <p>→ 309</p> |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| 307                                | How many other times did (NAME) get care in the last four weeks?  | <p>NUMBER OF OUTPATIENT VISITS .....</p> <table> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table> <p>DON'T KNOW .....</p>   | <input type="text"/>           | <input type="text"/> | <p>98</p>                      |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |
| <input type="text"/>               | <input type="text"/>  |   |                                |                      |                                |                      |                              |    |                     |    |                       |    |                           |    |                                |    |                        |    |                      |    |                |    |                      |    |                     |    |                       |    |                                    |    |           |  |                    |    |                  |    |                                |    |           |  |            |    |                                |    |             |    |           |  |  |

OUTPATIENT HEALTH EXPENDITURES

| NO.        | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|------------|---|--|--|
| 308        | How many times was money spent?   | NUMBER OF OUTPATIENT VISITS PAID MONEY .....                             | <input type="text"/> <input type="text"/>  |
|            |   | DON'T KNOW .....   | 98   |
| 309        | Is (NAME) covered by any health insurance?  | YES .....  | 1  |
|            |   | NO .....   | 2  |
|            |   | DON'T KNOW .....   | 8  |
| 310<br>(2) | What is (NAME)'s main type of health insurance?   | MUTUAL HEALTH ORGANIZATION/<br>COMMUNITY-BASED HEALTH<br>INSURANCE ..... | 1  |
|            |   | HEALTH INSURANCE THROUGH<br>EMPLOYER .....                               | 2  |
|            |   | SOCIAL SECURITY .....  | 3  |
|            |   | OTHER PRIVATELY PURCHASED<br>COMMERCIAL HEALTH INSURANCE .....           | 4  |
|            |   | OTHER .....  | 6<br>(SPECIFY)   |
|            |   | DON'T KNOW .....   | 8  |
| 311        | Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for all the members of your household? | COST .....   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|            |   | NO COST/FREE .....   | 00000  |
|            |   | IN KIND ONLY .....   | 99995  |
|            |   | DON'T KNOW .....   | 99998  |

HEALTH EXPENDITURES: FOOTNOTES

- (1) Coding categories to be developed locally; however the broad categories must be maintained.
- (2) If a health service prepayment or other types of plans are available in the country, add those types of plans to the question.
- (3) If the survey will be conducted using paper questionnaires, retain "SELECTION FOR OUTPATIENT HEALTH EXPENDITURES". If the survey will be conducted using CAPI, delete the "SELECTION FOR OUTPATIENT HEALTH EXPENDITURES", because the selection will be done automatically.